GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4298
ANSWERED ON:24.08.2005
INCREASE OM UTERUS AND BREAST CANCER PATIENTS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that there has been an increase in the number of patients of uterus and breast cancer in comparison to patients of Lungs Cancer in the country ;

(b) if so, the reasons therefor;

(c) the number of such patients during the last two years ,State-wise;

(d) whether any countrywide awareness programme has been initiated for treatment of such patients in the country; and

(e) if so, the details thereof?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (DR.ANBUMANI RAMADOSS)

(a): As the data on occurrence of cancers is not being collected throughout the country, the exact number of cancer cases is not available. However, authentic information on cancer occurrence is available from the population based cancer registries functioning under the National Cancer Registry Programme (NCRP) of ICMR. As per the `Atlas of Cancer in India` on the basis of population based cancer registries, by the Indian Council of Medical Research (ICMR), the cancer of Uterine Cervix and Breast were the two leading sites in females. Cancer of uterine cervix was the leading site in Bangalore, Barshi, Bhopal and Chennai. While the Cancer of breast was the leading site in Delhi and Mumbai. These two sites together constituted over 40% of cancers of all sites in females in the Urban Registries and over 65% of cancers in the Rural registry at Barshi. In females also, the cancer of lung was one of the 10 leading sites in 4 of the 6 registries at Bhopal, Chennai, Delhi and Mumbai.

(b) The exact reasons for change in incidence rate of these cancers are not clear. The main risk factors associated with breast cancer include hyperestrogenism, estrogenism administration, high-fat diet, lack of physical activity, menarche at an early age, late onset of menopause and first pregnancy after 30 years of age. Major risk factors associated with the cancer of uterine cervix include, infection with human papilloma virus (HPV), multiple sexual partners, early marriage, sexual hygiene, smoking. Smoking is the main causative factor for lung cancer with other factors being occupational exposure to ionizing radiations, radon, coal tars, petroleum, chromates, nickel, arsenic and mustard gas.

(c) As the data on occurrence of cancer is not being collected throughout the country, the state-wise number of cancer cases is not available. However, as per the National Cancer Registry Programme of ICMR, at any point of time there are 2-2.25 million cancer cases in India. 7-9 Lakhs new cancer cases are reported every year in India.

(d) & (e) A note on National Cancer Control Programme is annexed (Annexure).

Annexure

National Cancer Control Programme

Cancer has become one of the ten leading causes of death in India. It is estimated that there are nearly 2 - 2.5 million cancer cases at any given point of time. Over 7 lakh new cases of cancer and 3 lakh deaths occur annually due to cancer. Data from population-based registries under National Cancer Registry Programme indicate that the leading sites of cancer are oral cavity, lungs, oesophagus and stomach amongst men and cervix, breast and oral cavity amongst women. Cancers namely those of oral and lungs in males, and cervix and breast in females account for over 50% of all cancer deaths in India. WHO has estimated that 91 per cent of oral cancers in South-East Asia are directly attributable to the use of tobacco and this is the leading cause of oral cavity and lung cancer in India.

National Cancer Control Programme was started in 1975-76. Its Goals & Objectives are: -

1. Primary prevention of cancers by health education regarding hazards of tobacco consumption and necessity of genital hygiene for prevention of cervical cancer.

2. Secondary prevention i.e. early detection and diagnosis of cancers, for example, cancer of cervix, breast cancer and of the oro-pharyngeal cancer by screening methods and patients` education on self examination methods.

3. Strengthening of existing cancer treatment facilities, which were inadequate.

4. Palliative care in terminal stage cancer.

Schemes under National Cancer Control Programme (till 2004):

Financial Assistance to Voluntary Organisations: This scheme is meant for IEC activities and early detection of cancer. Under the scheme financial assistance upto Rs.5.00 lakh is provided to the registered voluntary organisations recommended by the State government for undertaking health education and early detection activities in cancer. A linkage with the Regional Cancer Centre (or Medical College if there is no RCC) is now mandatory by the NGO concerned.

District cancer Control Scheme: It is known that a large number of cancer cases can be prevented with suitable health education and early case detection. Accordingly the scheme for district projects regarding prevention, health education, early detection and pain relief measures were started in 1990-91. Under this scheme one time financial assistance of Rs.15.00 lakh is provided to the concerned State Government for each district project selected under the scheme with a provision of Rs.10.00 lakh every year for the remaining four years of the project period. The project is linked with a Regional Cancer Centre or an institution having good facilities for treatment of cancer patients. The patients are provided treatment at the concerned Regional Cancer Centre or the nodal institution.

Financial assistance for Cobalt unit installation: To strengthen the cancer treatment facilities, the financial assistance of Rs. 1.0 crore for charitable organisations and 1.5 crore for government institutions is provided for procurement of teletherapy and brachytherapy equipments etc. This is one time grant as at present.

Development of Oncology Wings in Govt. Medical College Hospitals: This scheme had been initiated to fill up the geographical gaps in the availability of cancer treatment facilities in the country. Central assistance is provided for purchase of equipments, which include a cobalt unit beside other equipments. The civil works and manpower are to be provided by the concerned State Government/ Institution. The quantum of central assistance is Rs.2.00 crore per institution under the scheme. The scheme provides one time grant only.

Assistance for Regional Research and Treatment Centres: There are 20 Regional Cancer Research and Treatment Centres recognised by Government of India receiving annual grant. The list of Regional Cancer Centres is enclosed.

Evaluation of the programme was done in year 2002 and accordingly National Cancer Control Programme was revised.

Reasons for revising the schemes

- Funds for DCCP were not made available to the DCCP societies by the state Govts.
- RCC & Oncology Wing Scheme funds were less than the requirement
- Private grantee institutions were not providing the benefits to the needy & poor
- Finance Ministry objected to the indefinite funding of the RCCs
- Need for recognising more RCCs specially 2nd RCC in populous States

Revised National Cancer Control Programme (since 01.01.2005). The following are the changes in different sub schemes:

1. Cobalt Unit Scheme - This is discontinued in view of the findings of the evaluation report that grantee NGO institutions are not providing the benefit to poor people. The well developed Govt. institutions would henceforth be covered in the Oncology Wing Scheme.

2. Oncology Wing Scheme - In view of the recommendations of the evaluation report as well the working group for 10th plan strategies, the financial assistance under this scheme is enhanced from the present Rs. 2.00 Crores to Rs. 3.00 Crores. There are several district hospitals which are comparable to Medical Colleges in terms of facilities and need enhanced financial assistance, which are covered by this scheme.

3. Regional Cancer Center - In view of the recommendations of the evaluation report and the EFC meeting held in March 2003 unlimited funding of the RCCs is discontinued after invoking the sunset clause. Assistance to RCCs is at the rate of not exceeding Rs. 3 crores for existing RCCs and financial assistance of Rs. 5.0 Crores to new RCCs based on action plan for developing infrastructure of the institution including equipments for cancer treatment to bring them to a particular level.

4. District Cancer Control Programme - The scheme is revised with more focus on prevention, early detection etc. The financial assistance is proposed to be released to the nodal agency (RCC/well developed Oncology Wings in Medical Colleges) instead of to the State Govt. in earlier schemes. Funding about Rs. 90 lakhs per district (including funding for 2 congruent Distt.) for 5 years.

5. NGO Scheme -The NGO scheme for cancer awareness, prevention etc is proposed to be decentralized and entrusted to the RCC/Govt. medical Colleges as nodal agencies as compared to being operated centrally as at present in order to remove complaints.

6. New Components - New components of IEC and Research is made for the first time to be operated at central level.

NATIONAL CANCER REGISTRY PROGRAMME 1981-2001

- 97.8 (BANGALORE) TO 121.9 (DELHI) CANCER CASES PER 1,00,000 POPULATION - URBAN MALES (AGE ADJUSTED INCIDENCE RATE)

- 92.2 (BHOPAL) TO 135.3 (DELHI) CANCER CASES PER 1,00,000 POPULATION - URBAN FEMALES (AGE ADJUSTED INCIDENCE RATE)

- 46.2 (BARSHI) CANCER CASES PER 1,00,000 POPULATION - RURAL MALES (AGE ADJUSTED INCIDENCE RATE)

- 57.7 (BARSHI) CANCER CASES PER 1,00,000 POPULATION - RURAL FEMALES (AGE ADJUSTED INCIDENCE RATE)

- ONE IN ABOUT 15 MEN AND ONE IN ABOUT 12 WOMEN IN THE URBAN AREAS COULD DEVELOP CANCER IN THEIR LIFETIME

- CERVICAL CANCER AND BREAST CANCER ARE COMMONEST IN FEMALES. THE LATTER IS MORE THAN FORMER IN MUMBAI AND DELHI

- CANCER LUNG IS COMMONEST OUT OF ALL TOBACCO RELATED CANCERS IN MEN

- AGE ADJUSTED INCIDENCE RATE OF OESOPHAGEAL CANCER IN WOMEN OF BANGALORE IS ONE OF THE HIGHEST (8.3 PER 1, 00,000) IN THE WORLD.

- CANCER OF TONGUE IN MALES AT BHOPAL (8.8 PER 1,00,000) IS HIGHEST IN ALL CONTINENTS

- CANCER OFSTOMACH IS ONE OF THE MAIN CANCER IN MALES IN SOUTHERN REGISTRIES.

- GALL BLADDER IN DELHI WOMEN IS ONE OF THE HIGHEST (8.9 PER 1,00,000) IN THE WORLD.

- 75-80% PATIENTS ARE IN ADVANCE STAGE OF THE DISEASE AT THE TIME FIRST ATTENDENCE.

- NEW CANCER PATIENTS IN INDIA ARE ESTIMATED BETWEEN 7-9 LAKHS